

UNITED STATES NATIONAL STAGE WORKSHEET (DO/EO)

Charitta Burt, Paralegal

U. S. Application No. 10/517816

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PCT/RO/101 ☒

Copy of ISR EP, Copy of IPER EP

Assignee information: \_\_\_\_\_

Priority Info: Country IT No. MI2002A001358 date 6.19.02 MORE (turn over)

Correspondence checked: \_\_\_\_\_

Inventor Name checked: F Fabrizio

L CAVANI

Inventor Residence city: Modena, state and/or country IT citizenship: IT

International Application No. PCT EP2003 1 006494 Language Eng

Copy of ISR: ☒

Copy in International Application: ☒; Translation: yes \_\_\_\_\_ no \_\_\_\_\_ spec. page no. \_\_\_\_\_

371 Filing Fees: 300; meets Art. 33(2)-(3) Low fee applies: \_\_\_\_\_

Total Claims: 27 Chargeable 27 Independent 1 multiple \_\_\_\_\_

Number of drawing Sheets: 0 Foreign language: \_\_\_\_\_

Oath/Declaration: ☒; signed ☒ unsigned \_\_\_\_\_ defective \_\_\_\_\_ completed 12.14.04

Small entity fee: \_\_\_\_\_; SME papers: yes \_\_\_\_\_ no \_\_\_\_\_

Bio Seq. Diskette: \_\_\_\_\_ entered \_\_\_\_\_ Bio Seq. Listing: \_\_\_\_\_ statement \_\_\_\_\_

References \_\_\_\_\_

Copy of IPER: ☒; Annexes: \_\_\_\_\_ entered \_\_\_\_\_ not entered \_\_\_\_\_

Preliminary Amendment(s): ☒ date 12.14.04; 2<sup>nd</sup> amendment date 12.21.04

IDS: ☒ DATE: 2.9.05 2<sup>nd</sup> \_\_\_\_\_ DATE \_\_\_\_\_

Request for Immediate Examination: \_\_\_\_\_

Substitute Specification: ☒ date: 1.31.05

Assignment: \_\_\_\_\_ forwarded to Assignment branch date: \_\_\_\_\_

Priority Document(s): ☒ date 12.14.04; Number of copies included 1

Power of Attorney: ☒ 5.18.05

Abstract: ☒ Article 19 Amendment: \_\_\_\_\_; replaced by Article 34 Amdt. \_\_\_\_\_

Date of 35 USC Receipt of Request: 12.14.04 Notes: \_\_\_\_\_

Date Completion USC 371 Requirements: 12.14.04

Notice of Missing Requirements: \_\_\_\_\_

Notice of Defective Response: \_\_\_\_\_

Notice of Acceptance: 6.28.05

Notice of Abandonment: \_\_\_\_\_ Petition to Revive: \_\_\_\_\_; Petition 1.47: \_\_\_\_\_

Other forms: 301, 332

Extension of time: Number of month \_\_\_\_\_